



311 N. Orange Street New Smyrna Beach, FL 32168
(386) 402-4460

Email: info@upwardtrendacademy.com Website: www.UpwardTrendAcademy.com

Dear Parent/Guardian,

Thank you for showing interest in Upward Trend Academy's Summer Camp for your child. We are offering a full day and half day program Monday-Friday this summer with fun filled themes. The purpose of our Summer Camp is to provide a fun structured environment for students of all abilities to have interactive and engaging experiences. Please take the time to review our policies, procedures, and schedule for this summer. You must complete all the required forms in this application packet for your child to attend.

We will work on social skills, developing friendships, team building skills, and emotional self-control through engaging interactive activities. The curriculum for our summer learning program is designed by certified teachers/Board Certified Behavior Analysts. Upward Trend Academy strives to provide a fun and safe environment for children of all ages and abilities.

We suggest that you complete the application and return it as soon as possible to secure a spot for our program. Please be advised that completing and returning the packet **does not** guarantee a spot in our program. Space is limited, and we encourage you to apply as early as possible. **A 20% non-refundable deposit for all registered camps will be required to secure your spot.**

After we receive your application, we will inform you of your student's acceptance. We cannot wait to spend the summer learning and playing with your child(ren). If you have any questions or concerns, please feel free to contact us via email or by phone. We prefer to communicate via email with your questions regarding our Summer Camp. Please ensure that your email address and phone number are written clearly on your application packet.

Thanks,

Upward Trend Academy



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Upward Trend Academy Summer Camp

Child's Name: _____

- Summer Camp Application
- Signed Medication Administration Form
- Signed Media Release

Administrative Use:

Date Application received: _____

Received by: _____

Date Tuition Received: _____

Amount Received: _____

Check #: _____

Received by: _____

2023 SUMMER CAMP APPLICATION

Please specify the weeks you would like to enroll your child.

**Students applying for the entire 6 weeks full time spot will be given priority in acceptance to the summer camp.

	Space is the place: June 12-16		Fear Factor: June 19-23		Gameshow Mania: June 26-30
	Gardening: July 3-7		Cooking Bake Off: July 10-14		Mission Impossible Detective Mode: July 17-21
			STEAM/Inventor Week: July 24-28		



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Weekly Tuition:

Full Day Monday – Friday: \$200

Partial Day Monday – Friday: \$115

A 20% non-refundable deposit for each week your child will be attending is required to hold your spot.

2023 Summer Program Dates: June 12- July 28

Hours:

Full day: 9:00 a.m. to 4:00 p.m. Half-day option: 9:00 a.m. to 12:00 p.m.

Payment

Full weekly tuition payment is required upon arrival on Monday morning for the current week of attendance. Payment can be made by check, cash, or we can invoice you via email to pay by card. Please note a 3% processing fee will be added to payments made by card.

Cancellation & Dismissal

No refunds will be issued to the parent/guardian after the current week of camp has started. This includes non-attendance due to illness or other reasons.

Upward Trend Academy reserves the right to dismiss a student from the summer program due to challenging behaviors. Should your child be dismissed from the program, the remaining paid tuition balance will be refunded.

Sick Policy

Your child will be sent home if he or she has any of the symptoms listed below. In order to promote a healthy clean environment for all the staff and other children, we ask that you please keep your child at home if he or she exhibits any of the following symptoms:

- A fever of 100.0 or higher. If your child has had a fever, he or she must be fever free for 24 hours before returning to the camp.
- Vomiting
- Conjunctivitis (pink eye)
- Diarrhea
- Cough that has lasted more than 5 days.
- Running nose with green/yellowish colored discharge.
- Head Lice
- Any symptoms related to Covid-19

Pick up

Your child *must* be picked up at the end of the day at promptly 4:00 p.m. There will be a \$5 late fee



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that will be incurred for every 2 minutes that the parent/guardian is late and will go directly to our staff as an inconvenience to their time.

Lunch & Snack:

Parents are required to supply daily lunches, drinks, and snacks for their child. Please make sure that your child's name is labeled on everything that he/she brings with him.

I have reviewed the above policies and hereby give my consent for my child _____
_____ to participate in the Upward Trend Academy's Summer Camp.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Primary Phone Number



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Background Information:

Child's Name: _____ **Date of Birth:** _____

Age: _____ Male: _____ Female: _____

What Grade is the student going into: _____ Name of the school: _____

What type of classroom is you child currently enrolled in (general ed., self-contained, mild, multi, etc.) _____

Father's Name: _____

Home Address: _____

Home Telephone: (_____) _____ Cell phone: (_____) _____

Email: _____

Mother's Name: _____

Home Address: _____

Home Telephone: (_____) _____ Cell phone: (_____) _____

Email: _____

With whom does the child live with? _____

Emergency Contact: _____

Please list the name(s) of individuals authorized to pick up your child:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Does your child have a medical diagnosis? Yes _____ No _____

If yes, what diagnosis? _____

Diagnosed By: _____ Age at Diagnosis: _____



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HEALTH HISTORY

Check all that apply:

- | | | | |
|---|---|-----------------------------------|--|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Allergies | <input type="checkbox"/> Seizures | <input type="checkbox"/> Celiac Disease |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Food allergies | <input type="checkbox"/> Other | |

If you checked any of the above, please explain in *detail*:

Does your child have any physical restrictions/limitations? Yes No

If yes, please explain in *detail*:

Is your child currently taking any medications? If so, please list them below.

IN CASE OF EMERGENCY

Your child's primary care doctor: _____

Phone Number to primary care physician: _____

In case of emergency, we will contact: _____ Phone Number: _____

I hereby attest that to the best of my knowledge, the child named above is in good health and physically and mentally able to participate in all program activities, except as previously noted. In case of a medical emergency, in which I cannot be contacted, I hereby give permission to Upward Trend Academy to seek proper medical treatment for the child named above.



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Parent/guardian: _____ Date: _____

GETTING TO KNOW YOUR CHILD

Please provide us with some additional information so that we can get to know your student. If there is any other information you would like us to know please fill out at the end of this form in the additional information section.

What goals do you have concerning your child's social interactions or what skills are you hoping that they will learn this summer?

What motivates your child. Please tell us what your student likes and dislikes (activities, foods, items, etc.)?

Identify some of your child's strengths and challenges that may be helpful for us to know when he/she is attending camp.



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Additional information about your child.

I have reviewed the above information and attest to the best of my knowledge the information provided on this form is accurate. I give my consent for my child _____
_____ to participate in the Upward Trend Academy's Summer Camp.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Primary Phone Number



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Summer Camp Release Forms Photo and Video Taping Release

I hereby _____ (do/do not) give consent for photography and video taping of my child that will only be used by Upward Trend Academy for educational, training and promotional purposes only. Photos or videos containing image of my child may be posted on the organization's website or social media page.

Parent/Guardian Signature: _____ Date: _____

Liability Release

I acknowledge that my child has been accepted and permitted to participate in the summer camp. I hereby release, discharge, and waive Upward Trend Academy and their employees from all liability for injuries, loss or damages, and any claims for damage on account of any injuries to my child or his or her property while in the summer program. I have agreed to emergency treatment by a physician or hospital in the event that I cannot be reached. I have disclosed all relevant information regarding my child's health condition.

Parent/Guardian Signature: _____ Date: _____